





ROUTING AND TRANSMITTAL SLIP

SG1J

1		INITIALS	CIRCULATE
		DATE	COORDINATION
2		INITIALS	FILE
		DATE	INFORMATION
3		INITIALS	NOTE AND RETURN
		DATE	PER CON - VERSION
4		INITIALS	SEE ME
		DATE	SIGNATURE

REMARKS

ATTACHED IS THE MOA THAT WILL AFFECT US DIRECTLY UPON THE TRANSFER. EACH PERSON PLEASE TAKE COPY, READ, EVALUATE, ASSESS, COMMENT, ETC. I WANT INDEPENDENT INPUT. PLEASE RETURN YOUR COMMENTS & COPY OF MOA TO ME BY COB 1 NOV.



Do NOT use this form as a RECORD of approvals, concurrences, disapprovals, clearances, and similar actions.

FROM (Name, office symbol or location)

DATE

10/31

PHONE